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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐

Declaration
Submitted
With Initial
Filing

OR

☒

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

PD-03W113

First Named Inventor

LAVU, RANAPRATAP

COMPLETE IF KNOWN

Application Number

10/661,756

Filing Date

9/12/2003

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WEB-BASED RISK MANAGEMENT TOOL AND METHOD

(Title of the Invention)

the specification of which

☐

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

9/12/2003

as United States Application Number or PCT International

Application Number

10/661,756

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					Yes	No
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

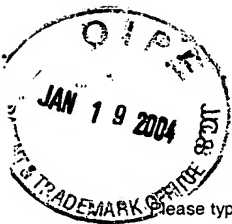
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name THOMAS J. FINN, ESQ.			
Address RAYTHEON COMPANY, EO/E4/N119 2000 E. El Segundo Blvd.			
City El Segundo,		State CA.	ZIP 90245
Country USA	Telephone 520.794-7980	Fax 520-794-2368	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) RANAPPA AP		Family Name or Surname LAVU	
Inventor's Signature <i>Ranappa Lavu</i>		Date 1-9-04	
Residence: City TUCSON	State AZ	Country USA	Citizenship US
Mailing Address 5554 E. RIO VERDE VISTA DRIVE			
City TUCSON,	State AZ.	ZIP 85750	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) JOHN F.		Family Name or Surname MICHEL	
Inventor's Signature <i>John F. Michel</i>		Date 9 JAN 04	
Residence: City TUCSON	State AZ	Country USA	Citizenship US
Mailing Address 12705 N. BANDANNA WAY			
City TUCSON,	State AZ	ZIP 85737	Country USA
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MICHAEL P.				PEYTON			
Inventor's Signature				Date	1/9/04		
Residence: City	Tucson,	State	AZ	Country	USA	Citizenship	US
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Post Office Address							
City	Tucson,	State	AZ	ZIP	85711	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
JOSE				SOTO			
Inventor's Signature				Date	1/9/04		
Residence: City	TUCSON	State	AZ	Country	US	Citizenship	USA
Post Office Address	2525 RINEHART CT.						
Post Office Address							
City	TUCSON	State	AZ	ZIP	85745	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
NICCOLO				GARBARINO			
Inventor's Signature				Date	1/9/04		
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Post Office Address							
City	TUCSON	State	AZ	ZIP	85741	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

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Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
MATHEW H.				BOSSE											
Inventor's Signature					Date		4/2/04								
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Post Office Address		2565 SAGUARO BLUFFS DRIVE													
Post Office Address															
City		Tucson,		State		AZ		ZIP		85742		Country		US	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature					Date										
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])				Family Name or Surname											
Inventor's Signature					Date										
Residence: City				State				Country				Citizenship			
Post Office Address															
Post Office Address															
City				State				ZIP				Country			

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